TDANCMITTAL	Application Number		10/643,487			
TRANSMITTAL FORM (to be used for all correspondence after initial filling) Total Number of Pages in This Submission 15		Filing Date		August 19, 2003		
		First Named Invent	or I	Peter H. Soderberg		
		Art Unit	- ;	3736		
		Examiner Name	1	Michael C. Astorino		
		Attorney Docket Nu	mber :	281_382 US02		
	ENCLO	SURES (check all that	t apply)			
Fee Transmittal Form	Drawing(s	i)	[After Allowance Communication to T		
Fee Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	Petition to Convert to a Provisional Application		1	Proprietary Information Status Letter		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		ess [
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):		
Express Abandonment Request	Request for Refund					
Express Abandonment Request	CD, Numi	per of CD(s)				
Information Disclosure Statement	☐ Landscape Table on CD					
Certified Copy of Priority Document(s)	Remarks					
Reply to Missing Parts/ Incomplete Application						
Reply to Missing Parts under 37 CFR1.52 or 1.53	×					
SIGI	NATURE OF	APPLICANT, ATTOR	RNEY, OR	AGENT		
Firm	Hiscock & Barclay, LLP					
Signature	Vda 1 ROL 2					
Printed Name	Peter J. Bilinski					
Date	May 12, 2008		Reg. No.	35,067		
CERTIFICATE OF TRANSMISSION/MAILING						

This conceives of internation is required by 37 CFR 1.5. The internation is required to obtain or retain is burnel by this yable which is for life (and by the USPTO) on proceed) any application, confedenable is a geometral by 48 LSG, 72 and 37 GFR 1 and 1.4. This describes in sestimated its 27 mileurs is complete, including pathering in properties, and submitting the completed application from to the USPTO. The will very depending upon the individual case, Any comments on the mount of time you require to complete line form and/or supplections for reducing line burden, should be seen to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1499, Alexandria, VA 22311-1499, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TOC Commissioner for Patients, P.O. Box 1499, Alexandria, VA 22311-1499, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TOC Commissioner for Patients, P.O. Box 1499, Alexandria, VA 22311-1499, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TOC Commissioner for Patients, P.O. Box 1499, Alexandria, VA 22311-1499, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TOC Commissioner for Patients, P.O. Box 1499, Alexandria, VA 22311-1499.

Date

Signature
Typed or printed name

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

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FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 460.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) WARNING: information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES Filing Deposit Account Signal Lentity Application Type Fee (s) Fee	Effective on 12/08/2004.	Complete if Known								
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/643,487							
Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 19, 2003							
Art Unit 3738 Attorney Docket No. 281 382 USQ2	For FY 2008		Peter H. Soderberg	Soderberg						
Mathin 1973 Mathin 19	Applicant claims small entity status. See 37 CFR 1 27	Examiner Name Michael C. Astorino								
METHOD OF PAYMENT (check all that apply) □ Check										
Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Opposit Account Name, Hiscock & Barclay, LLP	TOTAL AMOUNT OF PATMENT (\$) 460.00	Attorney Docket No.	281_382 US02							
Deposit Account Deposit Account Number; 50:3010 Deposit Account Number	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge ere(s) indicated below, except for the filing fee	Check Credit Card Money Order None Other (please identify):									
Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filling fee										
Credit any overpayments										
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. PEEC ALCULATION FEEC STEEL	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
WARNING: Information and this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Charge any additional fee(s) or underpayments of fee(s)									
Test Calculation	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (S) Small Entity Fee (S) Fee (S	information and authorization on PTO-2038.									
Search Filth Fee Search Fe										
Mapplication Type										
Utility 310 155 510 255 210 105	Small Entity	Small Entity	Small Entity	Fees Paid (\$)						
Design			122.424	1000 1 414 141						
Plant	•	200								
Reissue 310 155 510 255 620 310			- 00							
Provisional 210 105 0 0 0 0 0										
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Each claim over 20 (including Reissues) 50 25	2. EXCESS CLAIM FEES Small Entity									
Each independent claim over 3 (including Reissues) 210 105										
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims	Lacit claim over 20 (including recissues)									
20 or HP = x = Fee (\$) Fee Paid (\$)	Multiple dependent claims 370 185									
		e Paid (\$)								
	- 20 or HP = x = HP = highest number of total claims paid for, if greater than 20.		Fee (\$)	ree Paid (\$)						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)		e Paid (\$)								
- 3 or HP = x =										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Two (2) Month Extension of Time \$460.00										
Since (4.5) and thing one since 50. The LET month Extension of Time										
SUBMITTED BY Registration No. 35,067 Altitume/Agent) 35,067 Telephone 315-422-2131		Registration No. 05	Telephone	45 400 0494						
Name (Print/Tyne) Peter I Billingki Date May 12, 2008	That person	(Attorney/Agent) 35,067								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which a 15 ne (and by the USFTO by process) an application. Confidentiality is operand by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take similarity to complete, including gathering, prending, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of the yot require to complete this form and/or suggestions for reducing this burden, should be sent for the Chef Information Officer, U.S. Pattert, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patterts, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patterts, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Peter J. Bilinski